
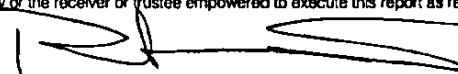


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

5. **FILED**
Jun 19, 2008 8:00 am
Secretary of State

05-07-2008 90017 012 ***138.75

DOCUMENT # L07000124332					
1. Entity Name MIDOCEAN HOLDINGS, LLC					
Principal Place of Business 2665 S BAYSHORE DR STE 601 COCONUT GROVE, FL 33133			Mailing Address 2665 S BAYSHORE DR STE 601 COCONUT GROVE, FL 33133		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number	
				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04282008 Chg-LLC CR2E083 (12/08)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DENNIS, RICHARD C 2665 S BAYSHORE DR STE 601 COCONUT GROVE, FL 33133			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
		Pres / Manager Richard C Dennis 2665 S. Bayshore Dr #601 Coconut Grove, FL 33133			
		VPI Secy / Treas / Mgr Catherine H Lorie 2665 S Bayshore Dr Coconut Grove, FL 33133			
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			Date: 4/28/08 305-858-3200		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		